24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	
	C C00559906
Check if X 24-hour report 48-hour report New report Amends report filed	on May / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Great Eastern Radio	M M / D D / Y Y Y Y
Mailing Address 106 North Main Street	10 29 2014 Amount
City State Zip Code	1280.00
New Lebanon NH 03784	Transaction ID : SE.4366 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type	10 21 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
JEANNE SHAHEEN Oppose	President State: NH State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Great Eastern Radio	10 29 2014
Mailing Address 106 North Main Street	29 2014
100 100 11 11 11 11 11 11 11 11 11 11 11	Amount
City State Zip Code	1640.00
New Lebanon NH 03784	Transaction ID : SE.4367 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/	M M / D D / Y Y Y Y
Type	10 21 2014
Name of Federal Candidate Support Offic	e Sought: X House District: 02
ANN MCLANE KUSTER Oppose	President Senate State: NH
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 8720.00	
(a) SUBTOTAL of Itemized Independent Expenditures	2920.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 4 1 1 4 1 4 1
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Tom Donelson	M / D D / Y Y Y
[Electronically Filed] Date	0 29 2014
Signature	